



Date: \_\_\_\_\_  
 Application Number: \_\_\_\_\_  
 Review Fee: \$ \_\_\_\_\_

## CITY OF CLIO ZONING PERMIT APPLICATION

**Applicant Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Day Ph: \_\_\_\_\_

**Property Owner (if different from applicant; if more than 1 list on separate sheet)**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Day Ph: \_\_\_\_\_

**Property for which Zoning Permit is requested**

Street Address: \_\_\_\_\_  
 Nearest Crossroads: \_\_\_\_\_  
 Tax Parcel ID#: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**Proposed Use**

- |  |   |
|--|---|
| <input type="checkbox"/> Single Family Residence (new)                       | <input type="checkbox"/> Single Family Residence (addition) |
| <input type="checkbox"/> Accessory Structure                                 | <input type="checkbox"/> Fence                              |
| <input type="checkbox"/> Alterations or repairs to non-conforming structures | <input type="checkbox"/> Move existing building             |
| <input type="checkbox"/> Other _____   |   |

Attach a scaled plot plan: Drawings may be 8 1/2" x 11" paper. Show the following:

1. The exact dimensions of the parcel.
2. All streets, alleys or easements.
3. The size, position and height of all existing and proposed buildings or structures on the property including their setback from lot lines.
4. Location, capacity and surfacing of all existing and proposed parking.

**I hereby affirm that the above information is correct to the best of my knowledge.**

Signature of Applicant	Print/type name	Date
------------------------	-----------------	------

Signature of Property Owner (if different from applicant)	Print/type name	Date
--	-----------------	------

THE ZONING ADMINISTRATOR WILL NOT ACT ON AN APPLICATION UNLESS **ALL** INFORMATION IS SUBMITTED AND FEE IS PAID.

Applicant must attend the City Planning Commission meeting or be represented by a person with written approval to act on behalf of applicant. Said written approval **must be notarized** and left on file with the City.

**THE FOLLOWING MUST BE SUBMITTED BY THE APPLICANT:**

1. Completed application form
2. Plot Plan of the property with the information listed in the attached plot plan check list
3. Fee – Not Refundable (covers costs for meetings, advertisements, mailings, etc.)

(See reverse)

**FOR OFFICE USE ONLY**

Zoning Administrator's Determination (provide date of decision): Approved \_\_\_\_\_ Denied \_\_\_\_\_  
Date Date

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_